

COAST GUARD HERITAGE MUSEUM

APPLICATION FOR MEMBERSHIP

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

PHONE: _____ EMAIL: _____

USCG CONNECTION (IF ANY) _____

MEMBERSHIP LEVEL: ANNUAL DUES

- | | |
|-------------------------------------|-------|
| <input type="checkbox"/> INDIVIDUAL | \$25 |
| <input type="checkbox"/> FAMILY | \$40 |
| <input type="checkbox"/> SUPPORTING | \$100 |
| <input type="checkbox"/> SUSTAINING | \$250 |

GUARDIAN

- | | |
|--|----------|
| <input type="checkbox"/> CAPTAIN'S CIRCLE | \$500+ |
| <input type="checkbox"/> ADMIRAL'S CIRCLE | \$1,000+ |
| <input type="checkbox"/> COMMANDANT'S CIRCLE | \$2,500+ |

PLEASE MAKE CHECKS PAYABLE TO: COAST GUARD HERITAGE MUSEUM

MAIL TO: COAST GUARD HERITAGE MUSEUM P O Box 161, BARNSTABLE, MA 02630

CREDIT CARD: VISA MASTERCARD DISCOVER

CARD NUMBER: _____

EXPIRATION DATE: MONTH _____ YEAR _____

SIGNATURE: _____

DATE: _____